SB625_Support_The Arc Maryland.docx.pdf
Uploaded by: Ande Kolp
Position: FAV

The Arc Maryland
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Senate Finance Committee
SB0625: Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility
March 14, 2023
Position: Support

The Arc Maryland is the largest statewide advocacy organization dedicated to protecting and advancing the rights and quality of life of people with intellectual and developmental disabilities. The Arc Maryland supports SB0625, as we believe it will help to ensure people with intellectual and developmental disabilities, who must maintain continued Medicaid eligibility to access their home and community based services, do not have an interruption in their eligibility as the pandemic-era protections come to an end.

As per the Fiscal Note, currently, "all Medicaid and MCHP enrollees are continuously enrolled until after the end of the COVID-19 public health emergency (March 31, 2023). **As per federal guidance, state Medicaid programs must return to normal operations and eligibility redeterminations beginning April 1, 2023.** States may take up to 12 months to initiate eligibility renewals and up to 14 months to complete eligibility renewals. MDH plans to use the full 14 months following April 1, 2023, to complete its redetermination process. Thus, the first round of renewals that may end in disenrollment begins April 1, but individuals will not lose coverage until June 1 after their renewal materials are reviewed and outreach and notice has been sent about the upcoming disenrollment."

We have heard from members of The Arc that the Eligibility Determination Division (EDD) which is responsible for reviewing Medicaid eligibility for people in, or entering into, DDA services, is significantly behind in their reviews. This has been ongoing for the better part of the past 6 months. As the pandemic unwinds and pandemic-era continuous eligibility protections are removed, we are concerned that, without deemed continued eligibility that would be ensured through this bill, people may lose/have an interruption to their Medicaid Home and Community-based services.

We therefore encourage the Committee's favorable report on SB0625.
Sincerely,
Ande Kolp, Executive Director of The Arc Maryland
akolp@thearcmd.org

SB625_ContinuousEligibility_KennedyKrieger_Support
Uploaded by: Emily Arneson
Position: FAV

Kennedy Krieger Institute

DATE: **March 14, 2023** **COMMITTEE: Finance**
BILL NO: **Senate Bill 625**
BILL TITLE: **Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility**
POSITION: **Support**

Kennedy Krieger Institute supports Senate Bill 625 - Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility

Bill Summary:
SB625 would require the Maryland Department of Health, subject to certain conditions, to adopt 12-month continuous eligibility for children under the Maryland Medical Assistance Program and Maryland Children's Health Program; and requiring the Department, subject to certain conditions, to adopt 24-month continuous eligibility for both adults and children under the Maryland Medical Assistance Program and Maryland Children's Health Program under certain circumstances.

Background:
Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:
As of November 2022, over 700,000 Maryland children were enrolled in Medicaid or the Children's Health Insurance Program (CHIP), the programming underlying the Maryland Children's Health Program (MCHP).[1] Continuous eligibility (despite month-to-month fluctuations in family income) has been an option for states with children enrolled in Medicaid or CHIP since 1997. Currently, more than half of states have enacted 12-month continuous eligibility for coverage.[2,3] Maryland does not currently have continuous eligibility protections; therefore, as many as 80,000 individuals could lose coverage.[4]

Continuous coverage should be enacted because:

Many children are at imminent risk of losing eligibility for coverage. Federal legislation enacted due to the COVID-19 pandemic has allowed those enrolled in Medicaid to have continuous eligibility for coverage during the public health emergency. In Maryland, this policy will end on April 30, 2023. After Medicaid continuous eligibility for coverage protection ends, an estimated 3 out of 4 children nationwide would be eligible,[5] but will face significant healthcare access barriers through loss of health coverage during re-enrollment. Providing continuous coverage eligibility would ensure continued healthcare access.

Consequences due to loss of eligibility for coverage are significant, and gains due to continued coverage are high. Consistent healthcare coverage is critical for Maryland children to receive preventive care, treatment, allow early detection of illness and developmental delays, and provide early intervention that is key for promoting child health and well-being. Even brief gaps in coverage can result in delays in necessary preventative care, e.g., vaccines and treatment. For example, when a child with asthma goes untreated, emergency room visits and missed school days increase.[6] States that have enacted continuous eligibility for coverage have significantly reduced numbers of children who are uninsured.[7]

Additionally, there is strong evidence for the long-term benefits of Medicaid and CHIP coverage for children. In 2020, eligibility for Medicaid and CHIP in childhood was associated with lower mortality rates and better physical health in adulthood; a reduction in high school drop-out rates; increased likelihood of obtaining a 4-year college degree; decreased emergency room visits and hospitalizations in adulthood; reduced need for disability benefits; fewer challenges with daily living activities; and greater intergenerational mobility.[8]

Continuous eligibility produces significant administrative cost savings. Administrative costs are lower and spending is more efficient when continuous eligibility policies are enacted. Although keeping more children covered results in higher costs overall, monthly costs per child decrease over time and are lowest when the coverage period is continuous.[9] When administrative costs are decreased, spending is more efficiently focused on providing healthcare services.[10]

Month-to-month income fluctuations currently affecting eligibility are the norm rather than the exception. Fluctuating job schedules and wages lead to income instability, significantly impacting eligibility and access to benefits like Medicaid. Even as their annual income remains below the Medicaid threshold, many families' incomes vary. Income earners may need to work extra shifts, overtime, or more than one part-time job.[11] Parents of young children are especially likely to experience significant fluctuations in work schedules. Additionally, Black families experience more income fluctuation than white families, which can result in disproportionate consequences in eligibility and service access.[12,13]

Many children who become ineligible regain eligibility within the same year. Many people who lose eligibility for coverage re-enroll within months of losing eligibility, resulting in an administrative burden that could better be utilized in providing essential healthcare for children.[14] Families may also not know that they have become eligible again, or may have difficulty re-applying due to technical or language barriers. Evidence shows that many people who lose public benefits remain eligible but do not re-enroll.[7,15] Families who *are* eligible can also lose their coverage due to missed notices for requests for information from Maryland's agencies, due to housing instability that is more likely to affect families of color and has been exacerbated by the COVID-19 pandemic.[16]

In enacting continuous eligibility, Maryland would join several states that provide this service to its citizens.[17] As such, we an opportunity to decrease the impact of income volatility on access to healthcare, enhance short- and long-term health outcomes, facilitate more efficient spending, and promote healthcare access and equity for all Marylanders.

Kennedy Krieger Institute requests a favorable report on Senate Bill 625.

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org

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SB 625 FAV (2023).pdf
Uploaded by: Marceline White
Position: FAV

Testimony to the Senate Finance Committee
SB 625: Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility
Position: Favorable

March 14, 2023

The Honorable Melony Griffith, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401
cc: Members, Senate Finance Matters

Honorable Chair Griffith and Members of the Committee:

Economic Action Maryland (formerly the Maryland Consumer Rights Coalition) is a people-centered movement to expand economic rights, housing justice, and community reinvestment for working families, low-income communities, and communities of color. Economic Action Maryland provides direct assistance today while passing legislation and regulations to create systemic change in the future.

We are writing in support of SB 625 and urge a favorable report.

SB 625 requires the Maryland Department of Health (MDH) to adopt 12-month continuous eligibility for children under Medicaid and the Maryland Children's Health Program (MCHP). It also requires MDH to apply for a waiver to adopt a 24-month continuous eligibility.

During the COVID-19 public health emergency, federal law required states to keep Medicaid beneficiaries enrolled during the state of emergency. In 12 states, the number of uninsured children declined significantly during this time period. Unfortunately, in Maryland, the number of uninsured children **increased** over the pandemic.

In 2019, there were 48,000 uninsured children in Maryland but by 2021, that number had increased to 62,000 children without insurance, placing Maryland 31st in the country in terms of insuring our children. Maryland children without insurance are concentrated in households earning $34,304 or under, with Hispanic households comprising 10.2% of those without insurance for their children.

Our children can't wait for health insurance. SB 625 ensures that low-income and working families have continuous coverage so that no family loses coverage. This will enable MDH to focus on enrolling new applicants rather than having to spend time re-enrolling current ones.

For all these reasons, we support SB 625 and urge a favorable report.

Best,

Marceline White
Executive Director

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SB625 LOS 2023 Leg.docx.pdf

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Position: FAV

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Support: SB 625 Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility.

3/11/2023

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **Support for SB 625 Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility.**

Under current law states are required to renew coverage for most children in Medicaid and CHIP no more than once every 12 months, but children may lose coverage before the renewal period under certain circumstances. Even with an annual renewal process, states can redetermine eligibility due to a change in circumstance (such as an increase in family income) at any point during the year, and some states conduct data matches on a periodic basis to identify changes in circumstances between annual renewal periods. Children may be disenrolled at annual renewal for a variety of reasons, including because they are no longer eligible for the program or they experience barriers navigating the redetermination process despite remaining eligible.

However states have the option to provide 12-months of continuous coverage for children in Medicaid and/or separate CHIP. Continuous eligibility policies for children in Medicaid allow a child to remain enrolled for a specific period of time even if there are fluctuations in income. Continuous eligibility would not apply if a child ages out of coverage, moves out of state, voluntarily withdraws, or, in some cases, does not make premium payments, and children in states with 12-month continuous eligibility are still subjected to annual renewals. As of January 2022, 24 states provided 12-month continuous eligibility for all children in Medicaid. Oregon was the first state to receive waiver approval to implement continuous coverage for children beyond 12-months. Three other states (Washington, New Mexico, and California) are seeking to join Oregon in offering children multi-year continuous Medicaid and CHIP coverage.

Continuous health coverage produces a broad array of benefits for children, states, health plans, and providers. Specifically, the policy promotes health equity by limiting gaps in coverage for low-income children who experience disproportionate rates of health disparities, particularly children of color.

Benefits of Continuous Coverage

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

- Prevents harmful gaps in coverage for kids
- Supports school readiness
- Ensures that a small pay raise or working more hours doesn't mean a child loses coverage
- Protects families from large medical bills
- Improves health status and well-being in the short and longer-term
- Promotes health equity
- Reduces administrative burden and costs
- Drives more efficient healthcare spending
- Enhances the ability to fully measure the quality of care
- Provides states with better tools to hold health plans accountable for quality and improved health outcomes

Once enrolled in Medicaid or CHIP, it is critical that children stay covered without unnecessary administrative red tape. Even a short gap in coverage can result in a child missing needed care such as treatment for chronic conditions like asthma; left untreated, these conditions are likely to result in visits to the emergency room and missed school days. Gaps in coverage can also create financial hardship. Even if just one family member is uninsured, the whole family is exposed to incurring medical debt, placing their economic security at risk.

Continuous coverage reduces the administrative costs associated with enrollees cycling on and off of Medicaid due to temporary fluctuations in income (known as churn), allowing states to dedicate more of their Medicaid dollars to pay for health care. Research has also found that in the months leading up to annual renewal, the percentage of children who were disenrolled was lower in states with 12-month continuous eligibility compared to states without. Moreover, continuous coverage is critical for being able to fully measure the quality of healthcare in Medicaid and CHIP, which also opens the door to improved accountability and oversight of insurers including Medicaid managed care plans.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **Support for SB 625 Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

Lindsay J. Ward

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

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Position: FWA

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 625 – Maryland Medical Assistance Program and Maryland Children's Health Program – Continuous Eligibility – Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB 625) – Maryland Medical Assistance Program and Maryland Children's Health Program – Continuous Eligibility. SB 625 requires MDH to provide 12 months of continuous eligibility for children enrolled in the Maryland Medical Assistance Program and the Maryland Children's Health Program beginning immediately. The bill also requires MDH to apply on or before January 1, 2024 to the federal Centers for Medicare and Medicaid Services to adopt 24 months of continuous eligibility for adults and children enrolled in Maryland Medicaid or the Maryland Children's Health Program (MCHP).

Continuous eligibility, as demonstrated by the COVID-19 pandemic, is a valuable tool that can guarantee access to care at times when people most need it. However, it is also possible that continuous eligibility for all Medicaid recipients may result in increased costs to the Medicaid program to the extent that it allows individuals to stay enrolled who are no longer eligible for coverage or who have moved on to other coverage.

SB 625 will require MDH to adopt a 12-month continuous eligibility period for children enrolled in Maryland Medicaid or MCHP. MDH is quickly pursuing implementation of this type of continuous eligibility. In fact, a 12-month period of continuous eligibility for children up to age 19 is now a federal mandate required of states after the passage of the Consolidated Appropriations Act, 2023 (CAA) in December 2022. The CAA requires states to implement this provision by January 1, 2024. MDH is in the process of reviewing system requirements necessary and is working to implement continuous eligibility for children as soon as August 2023. MDH supports this provision of the bill but requests an October 1, 2023 effective date.

SB 625 further requires MDH to: (1) apply to the Centers for Medicare and Medicaid Services for authority to adopt a 24-month continuous eligibility period for both adults and children by January 1, 2024, and (2) if approved, provide 24-months of continuous eligibility to both adults and children. Continuous eligibility, as noted above, is a valuable tool and some states have

recently been approved for Section 1115 Medicaid waivers that would increase the length of continuous eligibility for certain populations. For example, Oregon has recently been approved for a waiver that would extend continuous eligibility for all children under the age of 6 until their 6th birthday and for 24 months for all Oregonians above age 6; and Massachusetts has recently been approved for a waiver that would provide continuous eligibility for 24 months for individuals with a confirmed status of chronic homelessness.

Given the recent change in Administrations and a number of priorities facing the Maryland Medical Assistance Program, as well as the need to evaluate further extensions of continuous eligibility in the context of these priorities, MDH respectfully requests the opportunity to report back to the General Assembly on or before January 1, 2024 on recommendations to further expand the use of continuous eligibility.

Suggested amendment language is on the following page.

If you need more information, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

Maryland Department of Health
Amendments to Senate Bill 625
First Reader

AMENDMENT NO. 1
On page 1, strike beginning with the first comma in line 7 down through "circumstances;" in line 10 and substitute "to submit a report to the General Assembly on or before a certain date;".

Rationale: Technical

AMENDMENT NO. 2
On page 2, strike beginning with "**SHALL:**" in line 4 down through "**PARAGRAPH**" in line 5; and strike beginning with the semicolon in line 7 down through "**PROGRAM**" in line 17.

On page 2, after line 17, insert:

" SECTION 2. AND BE IT FURTHER ENACTED, That on or before January 1, 2024, the Maryland Department of Health shall submit a report to the General Assembly with recommendations on whether and to what extent to expand continuous eligibility requirements for Maryland Medical Assistance Program and Children's Health Program recipients."

Rationale: These amendments would keep provisions of the bill that would require implementation of continuous eligibility for 12 months for children in Maryland's Medicaid program and Children's Health Program. For longer periods of continuous eligibility, the changes would replace the requirements of the bill with a study due back to the General Assembly on or before January 1.

AMENDMENT NO. 3
On page 2, in line 18, strike "2" and substitute "3"; and strike beginning with "is" in line 18 down through "enacted" in line 22 and substitute "shall take effect October 1, 2023."

Rationale: This amendment would change the effective date of the bill to October 1, 2023.

2023 SB625 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB625
Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB625

On behalf of our 200,000 followers across the state, we respectfully object to SB625. The bill is expanding eligibility and enrollment into the Maryland Medical Assistance Program and Maryland Health Children's Program (MHCP) by extending eligibility up to 24 months without verification of eligibility. We oppose expanding eligibility without excluding abortion funding.

The Maryland Medical Assistance Program and the Maryland Children's Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over $6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Now, the Affordable Care Access Act of 2022 allows any individual licensed or certified by the state of Maryland to make that determination. Not exactly "between a woman and her doctor" anymore. Without language to prohibit abortion funding, expansion of the Maryland Medical Assistance Program and MHCP will increase the number of abortions and thus the amount of taxpayer money spent on abortions.

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Opposition Statement SB625, page 2 of 2

Maryland Medical Assistance Program and Maryland Children's Health Program - Continuous Eligibility

Deborah Brocato, Legislative Consultant
Maryland Right to Life

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*."

For these reasons, we respectfully ask you to oppose **SB625**.

Copy of FY2022 Abortion Reasons and Spending.pdf
Uploaded by: Deborah Brocato
Position: UNF

Updates

1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language	Performed under 2020 State and Federal Budget Language
Abortions	9,875	9,676	9,864
Total Cost ($ in Millions)	**$6.3**	**$6.1**	**$6.5**
Average Payment Per Abortion	$636	$626	$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	$434	$433	$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	$982	$972	$986
Hospital Abortions – Outpatient	506	409	416
Average Payment	$2,417	$2,592	$2,677
Hospital Abortions – Inpatient	**	**	0
Average Payment	$13,228	$6,443	$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.
** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

Reason		Number
1.	Life of the woman endangered.	0
	Total Received	**0**

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2020 State budget.)

1.	Likely to result in the death of the woman.	0
2.	Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3.	Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4.	Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5.	Victim of rape, sexual offense, or incest.	*
Total Fiscal 2020 Claims Received Through November 2020		**9,864**

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health